

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/890463**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4	1		1				54						
5		4		4			55						
6		0		4			56						
7		0		4			57						
8		1		4			58						
9		0		4			59						
10		0		4			60						
11	1		1				61						
12	1		1				62						
13		2		2			63						
14		0		2			64						
15		1		2			65						
16		1		2			66						
17		0		4			67						
18		0		4			68						
19		0		2			69						
20		1		2			70						
21		1		2			71						
22		0		4			72						
23		1		4			73						
24		1		4			74						
25		1		4			75						
26		0		4			76						
27		0	Canceled				77						
28		0		2			78						
29		0		2			79						
30		1		2			80						
31		1		2			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	75	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			80				TOTAL CLAIMS						

22  
52

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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